

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/600,027
Filing Date	June 19, 2003
First Named Inventor	ODRICH, MARC
Art Unit	3735
Examiner Name	David M. Shay
Attorney Docket Number	018158-011140US

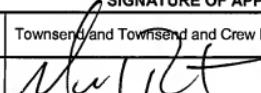
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**ENCLOSURES (Check all that apply)**

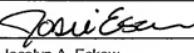
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> of Appeals and Interferences
<input type="checkbox"/> <input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a	<input checked="" type="checkbox"/> Appeal Communication to TC
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Provisional Application	(Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Landscape Table on CD	
	<b>Remarks</b>	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Michael T. Rosato		
Date	4/20/2007	Reg. No.	52,182

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being filed via EFS-Web with the United States Patent and Trademark Office on the date shown below.

Signature			
Typed or printed name	Jocelyn A. Eskow	Date	April 20, 2007